

**TEXAS DEPARTMENT OF HEALTH**  
**Bureau of Radiation Control**  
**1100 West 49th Street**  
**Austin, Texas 78756-3189**  
**FRANCHISE TAX INFORMATION FORM**

**In accordance with Chapter 171, Tax Code, the following must be completed and returned to the Texas Department of Health before a registration or certification may be issued.**

**If your organization requires assistance in determining its Texas franchise tax status or information regarding its Texas franchise tax liability, you may call toll free 1-800-252-5555. You may also write to: Comptroller of Public Accounts, Texas Correspondence Division, Attn: Franchise Tax Assistance, Capitol Station, Austin, TX 78774.**

**Registration/Certification Number** \_\_\_\_\_

**Business/Company Name:** \_\_\_\_\_

**Doing Business As:** \_\_\_\_\_

**Physical Business Location:** \_\_\_\_\_  
Street

City State Zip Code

**Business Telephone No:** (\_\_\_\_) \_\_\_\_\_

**COMPLETE THIS BOX IF THE APPLICANT IS NOT A CORPORATION**

_____ is not a corporation. (Applicant Name)			
I certify that the information on this form is correct to the best of my knowledge and _____ is not subject to payment of Texas franchise tax.			
_____ Signature of Owner or Partner	_____ Date	_____ Typed or Printed Name	_____ Driver's Lic. No.

**COMPLETE THIS BOX IF THE APPLICANT IS A CORPORATION**

TEXAS FRANCHISE TAX NUMBER: _____	
_____ is a <input type="checkbox"/> Texas Corporation <input type="checkbox"/> non Texas Corporation (Corporation Name)	
I certify that to the best of my knowledge the information on this form is correct and that the Texas Franchise tax is current or not applicable.	
Signature*: _____	Date: _____

**BRC Form 226-1 (7/98)**

**\*This form must be signed by the applicant or a person duly authorized to act for and on behalf of applicant.**